

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/520,650

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4	12					
5	10					
6	①	1				
7	1					
8	①	1				
9	10					
10	①	1				
11	10					
12	①	1				
13	①	1				
14	①	1				
15	1	①				
16	5	1				
17	1	①				
18	①	1				
19	1	①				
20	①	1				
21	1	①				
22	①	1				
23	1	①				
24	①	1				
25	1					
26	1					
27		12				
28	①	1				
29	1					
30		11				
31		12				
32		2				
33		2				
34	①	1				
35	1	①				
36	1	①				
37	1					
38	+	1				
39	1	1				
40		11				
41		2				
42	①	2				
43	①	①				
44	①	①				
45	①	①				
46	①	①				
47	1	①				
48	1					
49		1				
50		1				
TOTAL IND.						
TOTAL DEF.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53	1	1				
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97						
98						
99						
100						
TOTAL IND.						
7						
TOTAL DEF.						
23						
TOTAL CLAIMS						
30						

U.S. DEPARTMENT OF COMMERCE

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